



Last Updated: 03/09/2022

Changes to Community Mental Health Rehabilitative Services – July 1, 2010 & September 1, 2010

Effective July 1, 2010 and also, September 1, 2010, the Department of Medical Assistance Services (DMAS) will implement new requirements for Community Mental Health Rehabilitative Services (also referred to as state plan option services). The changes include new requirements for service delivery and adherence to DMAS marketing rules. These changes are made to ensure quality services for individuals who receive Medicaid or FAMIS reimbursed services. DMAS worked in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) and public and private stakeholders to develop these important changes. The specific changes are described below. Providers are expected to comply with the changes within the specified time frames or they will not be eligible for Medicaid reimbursement.

This Medicaid Memo also announces other requirements that will be effective on September 1, 2010. Providers will have six (6) months to comply with the September 2010 provider qualification changes. If staff are not in compliance with the new qualifications by March 1, 2011, the services provided by them will not be eligible for Medicaid reimbursement.

Changes Effective July 1, 2010

DMAS will adopt new caseload size and supervision requirements for the following services:

1. Intensive In-Home (H2012) -

Caseload

- a. The caseload cannot exceed five clients per Qualified Mental Health Professional (QMHP). If a family is transitioning out of Intensive In-Home Services, the caseload may be 1:6 for up to 30 calendar days.



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Supervision

- b. A Licensed Mental Health Professional (LMHP) must provide clinical supervision at regular intervals. The full-time LMHP can supervise up to 10 staff; half-time supervisors can supervise up to five (5) supervisees. If a supervisor works less than half time, the supervision limit is two (2) counselors.
- c. LMHP clinical supervision with staff must be provided weekly, with individual face to face supervision occurring at least every other week. Group supervision may occur on the other weeks.
- d. The clinical supervisor (LMHP) must be available for phone consultation when services are being provided.
- e. Supervision must be documented by the LMHP providing the supervision activity. A supervision log or note must be placed in the client's file documenting that supervision was provided. A more detailed note written by the supervisor summarizing the meeting and noting any recommendations must be maintained in a separate supervisor's file.
- f. A QMHP can only provide administrative supervision. LMHPs must provide clinical supervision.

DMAS will also initiate the following changes for Intensive In-Home services:

Assessments

- g. The assessment (H0031) must include the elements specified by DMAS. Please see Attachment A, which outlines the required elements.
- h. The assessment for Intensive In-Home services must be conducted in the child's home unless there is a documented safety or privacy issue.

New Prior Authorization Requirements for IIH

- i. Due to claims processing problems, Intensive In-Home Services (H2012) will require prior authorization before any services (beyond the assessment) are reimbursed. The allowance for units of service without prior authorization will be discontinued. As of this date, of July 1, 2010,



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providers must request prior authorization before providing treatment services. The assessment will continue to be allowed and reimbursed without prior authorization.

2. *Day Treatment for Children and Adolescents (H0035HA)*

- a. The caseload cannot exceed 6 day treatment clients for the QMHP providing services to the child.
- b. The assessment (H0032, U7) must include the elements specified by DMAS. Please see Attachment A, which outlines the required elements.

3. ***Community-Based Residential Services for Children and Adolescents Under 21- Level A (H2022 HW (CSA); H2022 HK (Non-CSA)) and Therapeutic Behavioral Services - Level B (H2020 HW (CSA); H2020 HK (Non-CSA))*** - Assessments for non-Comprehensive Services Act (CSA) children must include all the elements specified by DMAS. Please see attached document that outlines the required elements. The Virginia Child and Adolescent Needs and Strengths Assessment (CANs) will continue to be used for CSA children.

4. ***Mental Health Support Services*** - The recommended age to receive the service will increase from 16 to 18 years of age as this service is focused on assisting clients to live independently.

Marketing

5. Providers of all community mental health and substance abuse services are required to adhere to DMAS marketing requirements. Please see Attachment C for details on this requirement.

Case Management Coordination

6. For all community mental health rehabilitative services that allow concurrent provision of case management, the service provider must collaborate with the case manager and provide notification of the provision of services. In addition, the provider must send monthly updates to the case



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manager on the client's progress. A discharge summary must be sent to the case manager within 30 days of the service discontinuation date. Case management can be provided through Intensive In- Home services, Treatment Foster Care Case Management, mental health or intellectual disability/mental retardation case management from a Community Services Board, or case management for clients with developmental disabilities who are eligible for or receiving services through the Individual and Family Developmental Disabilities Support Waiver. Only one type of case management can be provided at a time.

7. These changes will be reflected in the Community Mental Health Rehabilitative Services Manual in July 2010.

Changes Effective Sept. 1, 2010

The following changes are effective September 1, 2010. Advance notice is provided to allow providers time to comply with the new requirements.

Clarification of Qualification for QMHP & LMHP and Paraprofessional Variances

Intensive In-Home, Day Treatment for Children and Adolescents, Community-Based Residential Services for Children and Adolescents Under 21 (Level A) and Therapeutic Behavioral Services (Level B):

1. A LMHP must make the diagnosis.
2. A LMHP or a license-eligible mental health professional must perform the assessment. If a license- eligible professional performs the assessment, the assessment must be reviewed with the LMHP within 24 hours of conducting the assessment to collaboratively determine the client's diagnosis.
3. ***Day Treatment for Children and Adolescents (H0035HA)*** - The description of allowed activities is revised. Time not actively involved in providing services directed by the Individualized Service Plan (ISP) is not allowed. This means indirect services (time not spent working with the child or on behalf of the



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child) are not allowed to be billed. Allowed services include consultation with teachers and others involved in the child/adolescent's treatment and observation in the classroom. Please see Attachment B for full guidance on this subject.

The effective date for the following staff qualification changes will be Sept. 1, 2010, but providers are given until March 1, 2011 (6 months) for all existing and new staff to comply with the regulatory change. Any staff person hired or rehired on or after September 1, 2010, must meet the following requirements in order to provide Intensive In-Home, Day Treatment for Children and Adolescents, Community-Based Residential Services for Children and Adolescents Under 21 (Level A) and Therapeutic Behavioral Services (Level B):

1. To qualify as a QMHP to provide Intensive In-Home, Day Treatment for Children and Adolescents, Community-Based Residential Services for Children and Adolescents Under 21 (Level A) and Therapeutic Behavioral Services (Level B), the individual must have the designated clinical experience and must:
 - a. be a physician; or
 - b. have master's degree in psychology from an accredited college or university with at least one year of clinical experience; or
 - c. have a social work bachelor's or master's degree from an accredited college or university with at least one year of clinical experience with children or adolescents; or
 - d. be a registered nurse with at least one year of clinical experience with children and adolescents; or
 - e. have at least a bachelor's degree in a human services field or in special education from an accredited college and with at least one year of clinical experience with children and adolescents.

Clinical experience means providing direct clinical services to children and adolescents with mental illness. It includes supervised internships, practicums, and field experience. A human services field is defined as social work, psychology, sociology, or counseling. A variance process will be developed



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jointly with the Department of Behavioral Health and Developmental Services (DBHDS) to approve qualified persons with a bachelor's degree in an unrelated field. Considerations will include history of coursework in the human services fields, experience with children with mental health or substance abuse issues, and the ability of the employing organization to provide supervision.

2. For children's services, persons with the following qualifications will be allowed to continue to provide services as a QMHP as long as the person stays in the same job with the same employer as of September 1, 2010 and has the required experience as defined above:
 - a. A bachelor's degree from an accredited college in an unrelated field with an associate's degree in a human services field and three years clinical experience;
 - b. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and three years clinical experience.
3. In order to allow providers to develop QMHP staff, a new QMHP category will be created, effective September 1, 2010. Staff must have the following credentials:
 - a. At least a bachelor's degree in a human services field or in special education from an accredited college without one year of clinical experience; or
 - b. A bachelor's degree from an accredited college in an unrelated field and is enrolled in a Master's or Doctoral clinical program and is actively taking at least 3 credits per semester.

Only one QMHP eligible staff will be allowed for each full time licensed staff. The number of QMHP eligible staff will not exceed five (5) % of total clinical child staff in agency based on the agency's NPI number. The QMHP eligible staff must have at least one hour of LMHP supervision per week which must



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which must be documented in employee file. The QMHP eligible staff must also participate in monthly training which must also be documented in the staff file. The monthly training can not be duplicative of supervision time. Evidence of compliance with the QMHP eligible criteria must be in the staff file.

The employing agency must have a triennial license from the DBHDS and have a DMAS and DBHDS approved supervision training program. The procedures for applying for approval of the supervision training program will be published on the DMAS website by July 1, 2010.

Staff Variance

3. Until March 1, 2011, a provider may request a variance for staff who have a bachelor's degree in an unrelated field without sufficient human services credits or who do not have a bachelor's degree but who have at least four year's experience in providing children's behavioral health services. A provider (determined by each National Provider Indicator - NPI number) may not have more than 50% of their staff or no more than 5 staff, whichever is less, qualify as a QMHP by this method. Variances will be evaluated by DMAS and DBHDS staff based on the type and years of experience, continuing education, and the ability of the provider to provide clinical and administrative supervision. Procedures for requesting a variance will be posted to the DMAS website by July 1, 2010. Requests for variances may be submitted to cmhrs@dmas.virginia.gov beginning July 15, 2010. If a variance request is approved by DMAS and DBHDS, this documentation must be maintained in the personnel file of the staff person who received the variance.
4. Paraprofessionals may not provide services for Day Treatment for Children and Adolescents.

Mental Health Support Services, Day Treatment/Partial Hospitalization, Psychosocial Rehabilitation, and Intensive Community Treatment, Crisis Stabilization, and Crisis Intervention

The effective date for the following qualifications is Sept. 1, 2010, but



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providers will have until March 1, 2011 (6 months) to ensure staff employed prior to September 1, 2010 comply with new qualification requirements.

1. Any staff person hired as a QMHP on or after September 1, 2010, may not qualify as a QMHP with only four (4) years experience. The new staff person must qualify under one of the other defined QMHP categories. Please refer to Chapter II of the Community Mental Health Rehabilitative Services Manual for the full list of QMHP qualifications.
2. In order to allow providers to develop QMHP staff, a new QMHP category will be created, effective September 1, 2010. Staff must have the following credentials:
 - a. At least a Bachelor's in a clinical field without one year of clinical experience
 - b. A Bachelor's in a non-clinical field and is enrolled in a Master's or Doctoral clinical program and is actively taking at least 3 credits per semester.

Only one QMHP eligible staff will be allowed for each full time licensed staff. The number of QMHP eligible staff will not exceed 5% of total clinical child staff in agency based on the agency's NPI number. The QMHP eligible staff must have at least one hour of LMHP supervision per week which must which must be documented in employee file. The QMHP eligible staff must also participate in monthly training which must also be documented in the staff file. The monthly training can not be duplication of supervision time. Evidence of compliance with the QMHP eligible criteria must be in the staff file.

The employing agency must have a triennial license from the DBHDS and have a DMAS and DBHDS approved supervision training program. The procedures for applying for approval of the supervision training program will be published on the DMAS website July 1, 2010.



Variance Requests

3. Until March 1, 2011, a provider may request a variance for staff that do not have a bachelor's degree but who have at least four year's experience in providing behavioral health services. A provider (determined by each National Provider Indicator - NPI number) may not have more than 50% of their staff or no more than 5 staff, whichever is less, qualify as a QMHP by this method. Variances will be evaluated by DMAS and DBHDS staff based on the type and years of experience, continuing education, and the ability of the provider to provide clinical and administrative supervision. Procedures for requesting a variance will be posted to the DMAS website by July 1, 2010. Requests for variances may be submitted to cmhrs@dmas.virginia.gov beginning July 15, 2010. If a variance request is approved by DMAS and DBHDS, this documentation must be maintained in the personnel file of the staff person who received the variance.

Mental Health Support Services:

1. The initial assessment (H0032, U8) and the six month re-authorization must be done face-to-face by the LMHP. The six month re-assessment for the service provision (H0046) must be done face-to-face by the LMHP. The QMHP must meet face to face with the LMHP supervisor to review the ISP at least quarterly.
2. This review must be documented in the client record.

These changes will be reflected in the Community Mental Health Rehabilitative Services Manual in September 2010.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.



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Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.